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on

Marasmus

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Required at this early period of my medical education to perform a task in which none but those who possess the advantages of superior talent and extensive experience can excel, I can only derive encouragement from the consideration that many whose situation is similar to my own, are subjected to the same ordeal and must receive their sentence from the same judges. I can therefore aspire to no higher object than the credit which a comparison with such may reflect upon me, which I confess will be founded rather upon the absence of defect than the exhibition of real worth.

But with whatever reluctance I may enter on the task of making a display of my medical and literary acquirements and subject myself to a trial in which I can expect an acquittal only from the lenity of my judges, I will not complain of a practice which I am bound to believe is founded on wisdom and whose utility is acknowledged by its continuance.

The choice of a subject for my Thesis, I found to be not the least difficulty that I had to encounter



and the only excuse I can offer for that which I have adopted, a subject which has already employed more able pens, is that I did not hope to produce any thing original upon any subject nor did I suppose it would be required of me. Somewhat indifferent, therefore, to the merits of the subject, I have chosen Marasmus the history of which I will endeavour to detail.

Although Marasmus cannot be supposed to be a disease of recent origin, yet it does not appear to have attracted much attention from medical writers until within the last few years.

Marasmus is not peculiar to any age or sex but adults are less liable to it than infants, in whom the disease is more strikingly portrayed and is, perhaps, more generally fatal.

A child affected with marasmus sleeps more than usual, but its rest is frequently interrupted; it cries a great deal and requires consolation. Its appetite is greater than usual, it eats more but with less ap-



parent effect as regards desire for food and growth of the body. The belly becomes enlarged while other parts exhibit general emaciation. The face vary in regard to quantity, colour and consistence, being at one time yellow, at others green, brown or black. Sometimes watery and sometimes viscid. These alterations do not appear to observe any rule in the order of their succession.

These symptoms are attended by fever and considerable lassitude and prostration of strength. A spasmodic cough has also been observed to attend the progress of Marasmus, which alternates in its accession with an eruption of the skin, and both of these affections disappear when a diarrhoea takes place, which frequently happens towards the termination of the disease.

The insidious manner in which Marasmus makes its approaches is perhaps the most disagreeable trait in its character. The increased appetite and drowsiness which first appear, are placed to the account of the rapid growth of childhood, and thus an opportunity is given





en to the morbid agents to establish their influence on the system, before they develop their true character. +

The first step towards the eradication of the disease is to discover the cause upon which its existence depends. The futility of directing our efforts against certain symptoms while we neglect their origin, is demonstrated by abundant experience. -

Marasmus has been ascribed to various causes. Worms in some instances have been charged with the production of the disease; teething and costiveness have also been considered as among the causes. Dissections post mortem show the mesenteric glands to have been affected, which has given rise to the idea that marasmus was the consequence of obstructions in these glands. +

The disease may arise from these causes but it does not appear to me that they are equal to so great an effect.

We should rather look to the alimentary canal for the seat of the first symptoms of marasmus. We find the intestines filled with all manner of acid and offensive matter, constipated and in a state of such debility +



that digestion is very slowly and imperfectly performed.

Cathartics are perhaps never more strongly indicated than in the disease in question. A single dose of calomel, which should be preferred to other purgatives, will frequently expel immense loads of unnatural feculent matter from the bowels to the great relief of the patient: but inasmuch as similar accumulations will subsequently take place, we can in no case depend on a single dose, nor should we be disappointed or discouraged if Cathartics should for a considerable time appear to be but transitory palliatives. Perseverance in their use will demonstrate their virtue.

From the unnatural appearance of the face in Marasmus resembling those in cases of hepatic derangement, and from the circumstance that a copious bilious diarrhoea marked the crisis of the disease, it was very natural to suppose that the Liver was the seat and fountain of all the mischief. Accordingly, remedies were applied which were calculated to act on that viscous



and also on the Stomach, which had become sympathetically affected, and their success was a happy illustration of the necessity of both theory and example in medicine. I allude to the practice formerly employed by Professor Miller of New York which consisted in the exhibition of very small doses of calomel, frequently repeated throughout the day. This medicine was observed to quiet the uneasiness of the stomach, when such existed, to correct the action of the alvine discharges and otherwise to render them more natural, to reestablish the biliary supply and eventually to remove all appearance of disease. Although calomel in small doses is generally successful, cases may occur in which the assistance of other remedies will be required.

Constipation and large collections of hardened feces are very common in Marasmus. Here the utility of cathartics is clearly indicated; for although the calomel may in time remove scybala and establish a regular motion. Yet as the unnatural contents of the bowels may be and undoubtedly are a source



of irritation, pain or derangement of the healthy functions they ought to be removed as soon as possible. I would therefore commence the treatment of every case of Marasmus with a cathartic. The warm bath has also been recommended. When fever is present it may be useful. The diet of the patient should be light and easy of digestion and his clothing should be warm.

The doctrine of the Hepatic origin of Marasmus has lately been supported in a work written by Dr. Ayre of Edinburgh. This gentleman differs from those who have considered constipation as the cause of Marasmus in supposing it to be a consequence of biliary derangement. He considers it as analogous to the Billious diseases of adults and describes it as appearing under two distinct forms or stages the acute and the chronic.

The chronic form of the disease is that which I have already described; the other is distinguished by a loss of appetite, thirst and a





considerable degree of fever. -

Acknowledging the deference which is due to the opinions of a writer who appears to have devoted a considerable attention to his subject, with the aid of much experience, I confess that the form of disease which he calls the first stage of marasmus does not appear to me to be entitled to such an arrangement.

The term marasmus, does not give an idea of an acute or acute disease; its symptoms are rather of a negative character. The food is not well digested; indicating a want of tone in the organs appropriated to that purpose. The body is therefore deprived of that supply which it continually demands; and it would appear that all the other symptoms could be referred to this cause with more propriety than to any other of a more positively active nature.

Besides in the diseases of children there is some difficulty generally in distinguishing between several, which may be in some particulars, apparently similar. There are few diseases, if any,



that can be said to be unattended by Fever; and thirst and loss of substance are the common consequences of febrile action.

From these data, then, I think it might be argued, that Dr Ayre has not established the existence of what he terms the acute stage of Marasmus, but has been deceived by some other disease. -

A degree of fever may, indeed, be excited by an unnatural biliary secretion, but as I do not conceive that it would materially affect the general disease; particularly as such extraordinary secretions generally give rise to diarrhoea, by which the superabundant bile is discharged. -

I do not think that a new species ought to be formed upon the basis of an occurrence which may reasonably be termed accidental. -









